

CARES COMMISSION

POST HEARING SUMMARY

VISN 16 Muskogee Hearing
August 22, 2003

- I. Commissioners in Attendance:
- a. Raymond Boland, Hearing Chairman
 - b. Chad Colley
 - c. Al Zamberlan

- II. Market Areas Addressed in Hearing
- a. Upper Western Market

III. Market Area Summary

Market Area (Facility)	Planning Initiative (met criteria)	Market Plan Recommendation	DNCP Recommendation
Upper Western	Inpatient Care - Medicine - Surgery	Increase beds within existing facilities. Increase use of community providers. Oklahoma City and CAVHS will reallocate some workload to Muskogee. Activate 20-bed medicine unit at Muskogee. Existing space at Oklahoma City and Little Rock will be converted to medicine beds.	Expand capacity for inpatient care through renovation at Oklahoma City and CAVHS.
Upper Western	Inpatient Care - Psychiatry	Minor construction at Oklahoma City to provide 8 additional beds. Muskogee will re-open vacant bed unit to support some reallocated workload. Other facilities will expand existing capacity.	Study feasibility of expanding psychiatry at Muskogee. Renovation projects at Oklahoma City.
Upper Western	Outpatient Care - Primary Care	Re-open 2 CBOCs and expand hours of operation. Expand capacity at CBOCs. Consolidate staff offices at North Little Rock to make room for more outpatient care delivery	Expand existing CBOCs, reconfigure space at VAMC through renovation, conversion of existing space, and new construction
Upper Western	Outpatient Care - Specialty Care - Psychiatry	Major construction at Fayetteville for clinical addition. Oklahoma City and Central AR will explore establishing CBOCs to make room at Medical Centers for specialty care	Expand existing CBOCs, reconfigure space at VAMC through renovation, conversion of existing space, and new construction
Upper Western	Access - Primary Care (54%)	Open 16 CBOCs	Included in DNCP 2 nd priority group

Upper Western (Muskogee)	Small Facility	Retain inpatient services at Muskogee and expand mission to include a 20-bed short-term rehab medicine program. Convert vacant inpatient space for inpatient psych unit.	Muskogee maintains inpatient program, but will evaluate ICU bed needs and review surgical program.
VISN- Wide	Special Disabilities -SCI gap of 44 beds	Establish SCI unit at CAVHS	Establish 30 bed Spinal Cord Injury Unit at North Little Rock

IV. Brief Description of Hearing Testimony

Panel 1 – Network Leadership – Dr. Robert Lynch

Dr. Lynch outlined the Draft National Plan proposal for the VISN 16 Western Market. He noted one of the main issues in this network is primary care access and the relatively small number of CBOCs in this large and geographically diverse area. He outlined the small facility issue at the Muskogee site and the network's proposal for shifting workload to Muskogee from other sites to make use of this new but underutilized facility. Additionally, he discussed the establishment of the SCI unit at the North Little Rock campus. The rationale for this location included availability of land for construction and parking availability. Other sites considered for this center included Oklahoma City, Jackson, and New Orleans.

In question and answer, Dr. Lynch noted that Muskogee was not an optimal location for an inpatient facility, but that was feasible to transfer workload from other facilities to the Muskogee site, allowing veterans to receive care relatively close to home. Additionally, in discussions regarding primary care access, he noted that in the absence of new CBOCs, the network will need to expand services at existing sites, including adding new services and staffing. He noted that available space was an issue and accommodating this workload would be a challenge.

a. Panel 2 – Affiliates

Dr. Gerald Clancy, Dean, College of Medicine, University of Oklahoma, Tulsa

Dr. Clancy expressed his support for the VA and the partnership between the University and the VA system, enhancing recruitment efforts and supporting medical education.

b. Panel 3 – Veteran Service Organizations

W. Weidner, Veterans of Foreign Wars
C. Lobdell, Disabled American Veterans
L. Walker, The American Legion

The Veteran Service Organizations voiced the need for additional CBOCs within the network and for the need to expand the Muskogee facility to accommodate the workload from the other facilities in the market area. The American Legion

representative felt that the recommendations in the DNP may not adequately address the needs of the veterans and was too vague to truly address specific needs.

c. Panel 4 – Employee Organizations

Dan Scott, AFGE

Robert Atchley, Fayetteville Local

Neither representative presented formal comments, but supported the recommendations within the DNP for this market area.

V. Commissioner Views

Market Area (Facility)	Planning Initiative (met criteria)	DNCP Recommendation	Commissioner Views
Upper Western	Inpatient Care - Medicine - Surgery	Expand capacity for inpatient care through renovation at Oklahoma City and CAVHS.	Commissioners agree that fully utilizing existing space at Oklahoma City and CAVHS is appropriate and agree that undertaking the relatively minor renovations at these sites to accommodate additional workload is appropriate.
Upper Western	Inpatient Care - Psychiatry	Study feasibility of expanding psychiatry at Muskogee. Renovation projects at Oklahoma City.	Commissioners do not necessarily agree that transitioning workload to Muskogee is the best solution for inpatient psychiatry. The renovation project at Oklahoma would increase capacity by 8 beds. Commissioners believe further analysis is necessary to ensure appropriate planning for future workload needs.
Upper Western	Outpatient Care - Primary Care	Expand existing CBOCs, reconfigure space at VAMC through renovation, conversion of existing space, and new construction	Commissioners agree that more efficient use of existing outpatient facility resources is necessary to accommodate workload in this market.
Upper Western	Outpatient Care - Specialty Care - Psychiatry	Expand existing CBOCs, reconfigure space at VAMC through renovation, conversion of existing space, and new construction	Same as outpatient care
Upper Western	Access - Primary Care (54%)	Included in DNCP 2 nd priority group	Same as outpatient care
Upper Western (Muskogee)	Small Facility	Muskogee maintains inpatient program, but will evaluate ICU bed needs and review surgical program.	Commissioners do not believe that the Muskogee site is the most appropriate location for inpatient services. They feel that Muskogee should not remain open in the long term, but should be replaced by a new facility in the Tulsa area where a greater portion of the veteran population resides.

VISN- Wide	Special Disabilities -SCI gap of 44 beds	Establish 30 bed Spinal Cord Injury Unit at North Little Rock	Commissioners believe more evaluation of this site needs to be undertaken before a final decision is made to locate SCI unit here.
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VI. Other Comments

Commissioners agreed with many of the panelists that all proposed initiatives should have clear rationale and a timeline for implementation.

VII. Follow-up questions for VHA/VISN

N/A